

AHCCCS Native American Health Initiative (NAHI)

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“Fine tune ***collaboration*** with Native American tribes by improving on the infrastructure at AHCCCS to ***increase support for Native American work***. and by ***creating a strategic plan*** that will, using available resources, more closely ***address the needs of various tribes.***”

- AHCCCS Strategic Plan 2006-2010, Strategic Issue #5: Collaboration and Integration of Health Care Programs, AHCCCS Strategies.

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- Aligning with the spirit and intent of our strategy
 - Data Gathering: AHCCCS, IHS, State
 - Information Gathering: Meetings with IHS
 - Develop a Work Plan: Workgroup meetings
 - Implement: local Tribal vs. IHS level

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- Process in developing the strategic plan:
 - IHS/AHCCCS general meetings
 - IHS/AHCCCS workgroup meetings
 - Internal AHCCCS workgroup meetings
 - Division of Fee For Service Management
 - ALTCS
 - Division of Member Services
 - Office of Intergovernmental Affairs
 - Office of Legal Assistance

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- IHS/AHCCCS General Meeting:
 - AHCCCS/IHS “Gathering” (4/1/05)
 - Navajo Nation Meeting (6/15/05)
 - Information Technology
 - Primary Care
 - Referral Care
 - ALTCS/Behavioral Health
 - Dental
 - IHS/AHCCCS Member Management
- Outcome: Project Plan

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- Next Steps:

- General IHS/AHCCCS Meeting on 12/02/05
 - Update on the Project Plan
- Continue with IHS/AHCCCS Workgroup meetings
- National Indian Health Board Meeting
- Governor's Advisory Council on Indian Health

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- “[Her doctor] did not know how to heal an illness, only how to cut it out...more to herself...she added, He [doctor] did not know my clan, my family, my history. How could [the doctor] know how to heal me?”
 - Cherokee Chief Wilma Mankiller



Why Cultural Competency ?

- Racial and ethnic minorities
 - Higher rates of disease, disability, and death
 - Receive lower quality health care
- Disparities persist after controlling for access-related factors, such as insurance status and income

Institute of Medicine. Unequal Treatment: confronting racial and ethnic disparities in health care. 2002

Why Cultural Competency ?

There are social, moral and legal obligations for providing culturally competent healthcare that serves as the basis for addressing racial and ethnic health care disparities



Social Obligations: “What is fair?”

- Social Justice
 - What is due and owed
- Distributive Justice
 - Equity of care
 - Similar treatment of similars

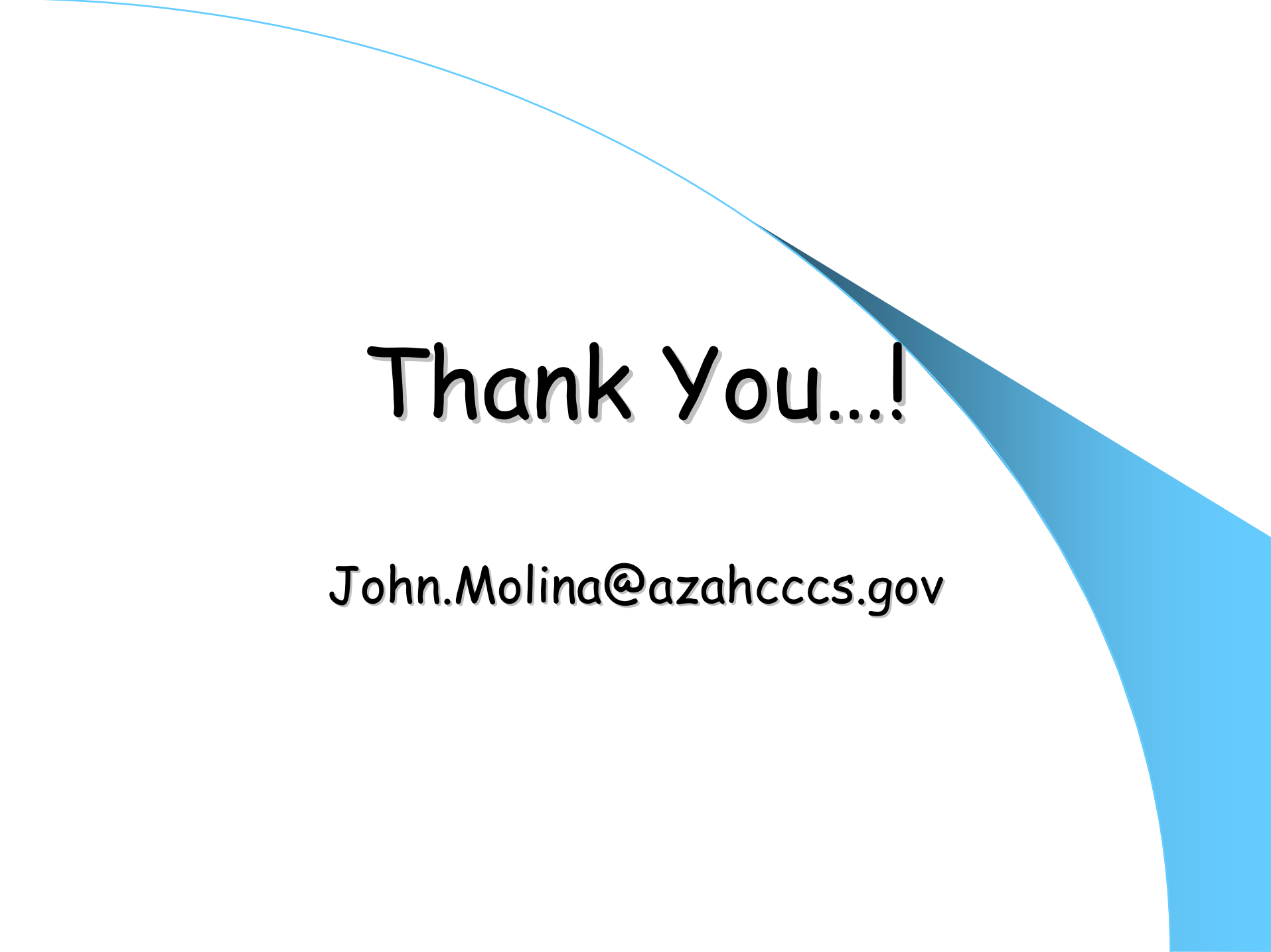
Moral Obligation: “What is right?”

- Relating to the conscience or principle of right conduct
- Beneficence: Hippocratic Oath
 - Compassion
 - Act in the patients interest
- Utilitarian Principle
 - The most good for the most people (affected)

Legal Obligations:

“What is mandated?”

- No constitutional right to healthcare
- A right to healthcare can only be derived from bioethical principals
- Title VI of the Civil Rights Act of 1964
 - Discrimination
- Tort Law (Medical Malpractice)
 - -Informed consent



Thank You...!

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